



GEORGIA MEDICAID FEE-FOR-SERVICE TOPICAL ANTIBACTERIALS PA SUMMARY

Preferred	Non-Preferred
Bactroban cream (mupirocin) Bactroban nasal (mupirocin) Cortisporin cream (neomycin/polymyxin/hydrocortisone) Cortisporin ointment (bacitracin/polymyxin/neomycin/hydrocortisone) Mupirocin ointment generic	Altabax (retapamulin) Mupirocin cream generic Neo-Synalar (neomycin/fluocinolone cream) Neo-Synalar Kit (neomycin/fluocinolone/emollient cream)

LENGTH OF AUTHORIZATION: 1 Month

PA CRITERIA:

For Altabax

- ❖ Approvable for members 9 months of age or older with a diagnosis of impetigo who have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or a history of intolerable side effects to mupirocin (Bactroban).

For Mupirocin Cream Generic

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) the preferred product, brand Bactroban cream, is not appropriate for the member.

For Neo-Synalar and Neo-Synalar Kit

- ❖ Prescriber must submit a written letter of medical necessity stating the reason(s) preferred topical antibacterials (Bactroban cream, Bactroban nasal, mupirocin ointment), OTC (not covered) topical antibiotics (neomycin/polymyxin, neomycin/polymyxin/bacitracin), AND preferred topical corticosteroids or preferred topical antibacterial/corticosteroid combinations are not appropriate for the member.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **OptumRx at 1-866-525-5827**.

PREFERRED DRUG LIST:

- ❖ For online access to the Preferred Drug List (PDL), please go to <http://dch.georgia.gov/preferred-drug-lists>.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to <http://dch.georgia.gov/prior-authorization-process-and-criteria> and click on Prior Authorization (PA) Request Process Guide.



QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to <https://www.mmis.georgia.gov/portal>, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.